• Protecting the public’s health: emergency preparedness
• Harford County health status update
• Reducing prescription drug abuse
• Behavioral Health Crisis Center update
How far is the Peach Bottom nuclear power plant from Bel Air, Maryland?

Distance between Peach Bottom plant in Lancaster, PA and downtown Bel Air, MD is:

(A) 21 miles
(B) 31 miles
(C) 41 miles
(D) 51 miles
Peach Bottom Nuclear Power Station
Lancaster County, PA (21 miles from Bel Air, MD)
HOW POTASSIUM IODIDE (KI) WORKS

How does KI work?

The thyroid gland is a small gland in the neck that makes hormones. During a radiation emergency, it is important to reduce the amount of radioactive iodine that is taken up by the thyroid gland. KI is a pill or liquid that can be used to block the uptake of radioactive iodine. KI contains non-radioactive iodine, which helps prevent radioactive iodine from being absorbed by the thyroid gland.

**Without KI**

**With KI**

---

**INDICATIONS:**

Thyroid blocking in a radiation emergency only.

**Dosage:**

1 tablet per 200 mg of radiation.

**Package:**

14 tablets per package.
50-mile Ingestion Exposure Pathway
Emergency Planning Zone (EPZ)

- Calvert Cliffs Nuclear Power Plant
- Limerick Generating Station
- North Anna Power Station
- Peach Bottom Atomic Power Station
- Salem Nuclear Generating Station
- Three Mile Island Nuclear Station
How healthy are Harford County residents?

Of Maryland’s 24 jurisdictions, what is Harford County’s health ranking?

(A) # 1 (most healthy)
(B) # 8
(C) # 12
(D) # 16
(E) # 24 (least healthy)
Health Outcomes Rankings
By Maryland Jurisdiction, 2018

8th Healthiest for Health Outcomes:
- Birth outcomes
- Death rates
- Quality of life

Source: County Health Rankings, RWJF, 2018
Health Factors Rankings
By Maryland Jurisdiction, 2018

8th Healthiest for Health Factors:
- Health behaviors
- Access to care
- Socio-economics
- Environment

Source: County Health Rankings, RWJF, 2017
In 2018, Harford County trend data has improved/stayed stable for 23 of 35 indicators...

<table>
<thead>
<tr>
<th>Factor</th>
<th>Harford 2017</th>
<th>Harford 2018</th>
<th>MD 2018</th>
<th>Harford Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature death</td>
<td>5,900/100K</td>
<td>5,800/100K</td>
<td>6,500/100K</td>
<td>Improving</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>7%</td>
<td>7%</td>
<td>9%</td>
<td>Stable</td>
</tr>
<tr>
<td>Food environment index</td>
<td>8.8</td>
<td>8.9</td>
<td>9.1</td>
<td>Improving</td>
</tr>
<tr>
<td>Access to exercise</td>
<td>94%</td>
<td>97%</td>
<td>93%</td>
<td>Improving</td>
</tr>
<tr>
<td>Alcohol-driving deaths</td>
<td>24%</td>
<td>21%</td>
<td>30%</td>
<td>Improving</td>
</tr>
<tr>
<td>Teen births</td>
<td>15/1,000</td>
<td>12/1,000</td>
<td>21/1,000</td>
<td>Improving</td>
</tr>
<tr>
<td>Uninsured</td>
<td>6%</td>
<td>4%</td>
<td>7%</td>
<td>Improving</td>
</tr>
<tr>
<td>Dentists</td>
<td>1,630:1</td>
<td>1,590:1</td>
<td>1,320:1</td>
<td>Improving</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>50</td>
<td>490</td>
<td>47</td>
<td>Improving</td>
</tr>
<tr>
<td>Diabetes monitoring</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
<td>Stable</td>
</tr>
<tr>
<td>Air pollution –particulate matter</td>
<td>10.9</td>
<td>10.9</td>
<td>9.5</td>
<td>Stable</td>
</tr>
</tbody>
</table>

Source: www.countyhealthrankings.org
In 2018, Harford County trend data has improved/stayed stable for 23 of 35 indicators...

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>90%</td>
<td>90%</td>
<td>87%</td>
<td>Stable</td>
</tr>
<tr>
<td>Some college</td>
<td>72%</td>
<td>72%</td>
<td>69%</td>
<td>Stable</td>
</tr>
<tr>
<td>Unemployment</td>
<td>5.0%</td>
<td>4.1%</td>
<td>4.3%</td>
<td>Improving</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>10%</td>
<td>9%</td>
<td>13%</td>
<td>Improving</td>
</tr>
<tr>
<td>Income inequality index</td>
<td>4.0</td>
<td>4.0</td>
<td>4.6</td>
<td>Stable</td>
</tr>
<tr>
<td>Children in single-parent house</td>
<td>28%</td>
<td>27%</td>
<td>34%</td>
<td>Improving</td>
</tr>
<tr>
<td>Social associations</td>
<td>7.9/10K</td>
<td>7.9/10K</td>
<td>8.9/10K</td>
<td>Stable</td>
</tr>
<tr>
<td>Violent crime</td>
<td>263/100K</td>
<td>263/100K</td>
<td>465/100K</td>
<td>Stable</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>83%</td>
<td>83%</td>
<td>74%</td>
<td>Stable</td>
</tr>
<tr>
<td>Long commute – driving alone</td>
<td>50%</td>
<td>50%</td>
<td>49%</td>
<td>Stable</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Stable</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>13%</td>
<td>13%</td>
<td>17%</td>
<td>Stable</td>
</tr>
</tbody>
</table>
...But 2018 Harford County trends have worsened for 12 of 35 health indicators

<table>
<thead>
<tr>
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<th>MD 2018</th>
<th>Harford Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>14%</td>
<td>15%</td>
<td>14%</td>
<td>Worsening</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>28%</td>
<td>29%</td>
<td>29%</td>
<td>Worsening</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>21%</td>
<td>23%</td>
<td>22%</td>
<td>Worsening</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>17%</td>
<td>18%</td>
<td>17%</td>
<td>Worsening</td>
</tr>
<tr>
<td>Sexually trans infections</td>
<td>189.8/100K</td>
<td>280.7/100K</td>
<td>459.3/100K</td>
<td>Worsening</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,630:1</td>
<td>1,680:1</td>
<td>1,140:1</td>
<td>Worsening</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>740:1</td>
<td>680:1</td>
<td>460:1</td>
<td>Worsening</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>61/100K</td>
<td>66/100K</td>
<td>64/100K</td>
<td>Worsening</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>12%</td>
<td>13%</td>
<td>14%</td>
<td>Worsening</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.1 days/mo</td>
<td>3.3 days/mo</td>
<td>3.1 days/mo</td>
<td>Worsening</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.5 days/mo</td>
<td>3.6 days/mo</td>
<td>3.5 days/mo</td>
<td>Worsening</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>65%</td>
<td>64%</td>
<td>64%</td>
<td>Worsening</td>
</tr>
</tbody>
</table>

Source: www.countyhealthrankings.org
Top 10 Causes of Death
Harford County, 2016

Cancer, not heart disease, is the leading cause of death in Harford County

Source: * Maryland Drug and Alcohol-Related Intoxication Deaths, 2016
Cancer Mortality Rates
Harford County & Maryland, 2012-2016

Harford County rates worse than the State.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
Harford County adult smoking rates persistently higher than the State average.
Harford County adolescent tobacco use rates decreased by 37% over the past 3 years.

Adolescent Tobacco Use Rates
Harford County & Maryland, 2013-2016

Source: Maryland Youth Risk Behavior Survey (YRBS), 2016
Note: Students, Gr 9-12 who smoked at least 1 cigarette in the past 30 days
Harford County adolescent e-vaping use rates decreased by 42% since 2014.

Source: Maryland Youth Risk Behavior Survey (YRBS), 2016
Note: Students, Gr 9-12 who used electronic vapor product in the past 30 days
Harford County adolescent alcohol use rates decreased by 17% over the past 3 years.

Source: Maryland Youth Risk Behavior Survey (YRBS), 2016
Note: Students, Gr 9-12 who drank at least 1 drink of alcohol in the past 30 days
Adolescent Heroin Use Rates
Harford County & Maryland, 2013-2016

Harford County adolescent heroin use rates comparable with the State average.

Source: Maryland Youth Risk Behavior Survey (YRBS), 2016
Note: Students, Gr 9-12 who ever used heroin during their life
Adolescent Bullying Rates
Harford County & Maryland, 2013-2016

Harford County adolescent bullying rates worse than the State average.

Source: Maryland Youth Risk Behavior Survey (YRBS), 2016
Note: Students, Gr 9-12 who were bullied on school property in the past 12 months
Adolescent Electronic Bullying Rates

Harford County & Maryland, 2013-2016

Harford County adolescent electronic bullying rates worse than the State average.

Source: Maryland Youth Risk Behavior Survey (YRBS), 2016
Note: Students, Gr 9-12 who were electronically bullied on school property in the past 12 months
Adolescent Sadness/Hopeless Rates

Harford County & Maryland, 2013-2016

Harford County adolescent sadness/hopeless rates up by 14% over the past 3 years.

Source: Maryland Youth Risk Behavior Survey (YRBS), 2016
Note: Students, Gr 9-12 who felt sad/hopeless almost every day for ≥2 weeks in a row in the past 12 months
Adolescent Suicidal Thought Rates
Harford County & Maryland, 2013-2016

Harford County adolescent suicidal thought rates up by 9% over the past 3 years.

Source: Maryland Youth Risk Behavior Survey (YRBS), 2016
Note: Students, Gr 9-12 who seriously considered attempting suicide in the past 12 months
Suicide Mortality Rates
Harford County & Maryland, 2012-2016

Harford County rates have increased by 9% over past 5 years.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
What federal agencies are focused on Maryland’s opioid fraud and abuse?

(A) US Health & Human Services – OIG
(B) DEA
(C) IRS
(D) FBI
(E) FDA
(F) Department of Veterans Affairs – OIG
(G) All of the above
• “Four out of five (heroin) addicts say they came to the drug from prescription pain killers.”

M. Calabresi
Time Magazine, June 2015
The Price of Relief, Why America Can’t Kick Its Painkiller Problem
DOJ Opioid Fraud Initiative: Selected Districts

Source: Following slides from presentation to Maryland health officers 4/12/18 by Rachel Miller Yasser, US DOJ, US Attorney’s Office, District of Maryland
The Violations: Potential Criminal Charges

• **Drug Distribution** (21 U.S.C. § 841 et al.)
  - Ultimate issue: Prescription “must be issued for a legitimate medical purpose by an individual acting in the usual course of professional practice.” 21 C.F.R. 1306.04(a)
  - If not, they are DRUG DEALERS and same criminal penalties apply

• **Healthcare Fraud** (18 U.S.C. § 1347)
  - Evidence of: 1) Fraudulent billing under National Provider Identifier (NPI); 2) Fraudulent “up-coding” for examinations; 3) Unnecessary procedures or tests for the purpose of generating revenue
  - Also can charge Mail & Wire Fraud (18 U.S.C. § § 1341, 1343)

• **Anti-Kickback Statute** (42 U.S.C. § 1320a-7b)
  - Knowingly and willfully offering, paying, soliciting or receiving ANY remuneration (does not have to be $) AT LEAST IN PART to induce, or in exchange for, some medical good or service that is PAID FOR AT LEAST IN PART by a federal healthcare program

• **Money Laundering** (18 U.S.C. § § 1956, 1957)
  - Hiding the $$
This facility could be located in your community.
Health leaders seeking partners

Upper Chesapeake official eyes public-private group to address mental health needs

BY DAVID ANDERSON DAANDERSON@BALTSUN.COM

University of Maryland Upper Chesapeake Health is working with Harford County officials to develop a “public-private partnership” to handle pressing behavioral health needs, the Upper Chesapeake chief told state legislators Wednesday.

Lyle Sheldon, president and CEO of Upper Chesapeake Health, discussed an ongoing “behavioral health crisis” in Maryland during the Harford County delegation’s annual pre-legislative session meeting Wednesday at the Abingdon Library.

He said the crisis will also be part of the Maryland Hospital Association’s legislative agenda when the Maryland General Assembly’s 2018 session begins in January.

Sheldon was among a slate of representatives of county and municipal entities who appeared before members of Harford’s legislative delegation Wednesday.


Upper Chesapeake Health plans to open a freestanding medical center in Havre de Grace, which would be designed to provide inpatient and outpatient mental health services, but that facility is still “three-and-a-half years away,” Sheldon said.
The Power of Partnership

- University of Maryland Upper Chesapeake Health
- Healthy Harford
- Harford County Government
- Harford County Health Department
- Office on Mental Health/Core Service Agency
- The Local Health Improvement Coalition (LHIC)
- Mental Health Addiction Advisory Council (MHAAC)
- Numerous community stakeholders

Vision for the future of behavioral health in Harford County

A regional, public/private, integrated system of behavioral health care (mental illness & substance use disorder) programs.
Gaps, Challenges, and Possibilities

Comments from Community Listening Sessions, July, 2017

• Over 65 participants from families, patients, agencies, and providers came together to identify gaps and propose ways to improve the system.
Gaps, Challenges, and Possibilities

The resulting priorities for action

Access and Immediacy

Coordination

Education
Plan: Acting on Priorities

Access and Immediacy
- 24/7 Crisis Hotline
- Walk-in Crisis Services
- Residential Crisis Beds

Coordination
- Peer Care Navigation

Education
- Public and provider education and awareness
Putting It All Together
Harford County Integrated Behavioral Health Crisis System

UM UCH Bulle Rock – Behavioral Health Pavilion- 2020

24/7 Residential Crisis Beds (UMUCH)

24/7 Walk-In Crisis Assessment & Stabilization; Peer Navigation (UMUCH)

24/7 Call/Triage Center Information & Referral: (Office on Mental Health, Healthy Harford) Targeted Community Education – County-wide (Harford Co. Gov’t)

Three Services Delivered at a Single Location:

Residential Crisis Beds
Walk-in Crisis Call Center
**The Power of Partnership - Leadership Structure**

**Steering Committee**
- County Executive Glassman - Harford Co. Gov’t
- Dr. Russell Moy - Harford County Health Dept.
- Lyle Sheldon - UM UCHS
- Sharon Lipford - Healthy Harford

**Implementation Workgroup**
- ACR- Linda Williams, Don Mathis
- Echo Foundation- Cathy Hryncewich
- Harford Community Action Agency – Brian Wainwright
- Harford Co. Gov’t - Amber Shrodes, Len Parrish, Joe Ryan
- HC Health Dept. – Dr. Moy, Paula Nash, Marci Austin, Shawn Martin
- Harford Co. Mobile Crisis/Sheppard Pratt – Barbara Jones, Lynn Flanigan
- Healthy Harford- Sharon Lipford
- Mental Health Addiction Advisory Council- Mary Bunch
- Office on Mental Health- Jessica Kraus, Angela Gray
- UM UCHS- Vickie Bands, Rod Kornrumpf, Pam Llewellyn
Annual Operating Costs

- **24/7 Call Center**
  - Projected to need 8 to 10 FTE's at a cost of $500 - $600K
  - Funding to be provided by public and private sources

- **Walk-in/Residential Crisis Center**
  - Open 24 hours a day, seven days a week
  - Anticipating a need of 8 residential crisis beds
  - Resulting funding requirement expected to be $1.0 - $1.3 million
Potential Funding Sources

- Foundation support
- County support
- Community fund raising
- Local, state and federal grant
- Core service agency/Mobile crisis
- HSCRC transformation grant
- Maryland Health Care Commission
- Donation of building/space
Implementation Timeline

- April/May, 2018 – Space Planning
- July, 2018
  - 24/7 Crisis Hotline
  - Mobile Crisis
  - Outpatient Mental Health Clinic & Scheduled Urgent Appointments
    Mon.-Fri., 8:00 AM – 5:00 PM
- September, 2018
  - 24/7 Walk-In Urgent Care Clinic
  - Community Partners move into Center
- Jan-March, 2019
  - Crisis Residential Beds
The Power of Partnership

Harford County
Behavioral Health Crisis Center